

# Demographic Reporting Form

## Individual – Quarterly Totals

Positive Alternatives

Emergency Pregnancy

Dates: 6/20/2016 – 9/30/2016

Grantee Name: Services of Minneapolis

Vendor#0000285535

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	0	2	20	18	13	8	8

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
0	2	15	50	2	

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
10	50	9

### 4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
7	49	0	2	1	5	5

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
6	10	53

### 6. Client Type:

Mother	Father	Grandparent	Other